

Figure 1

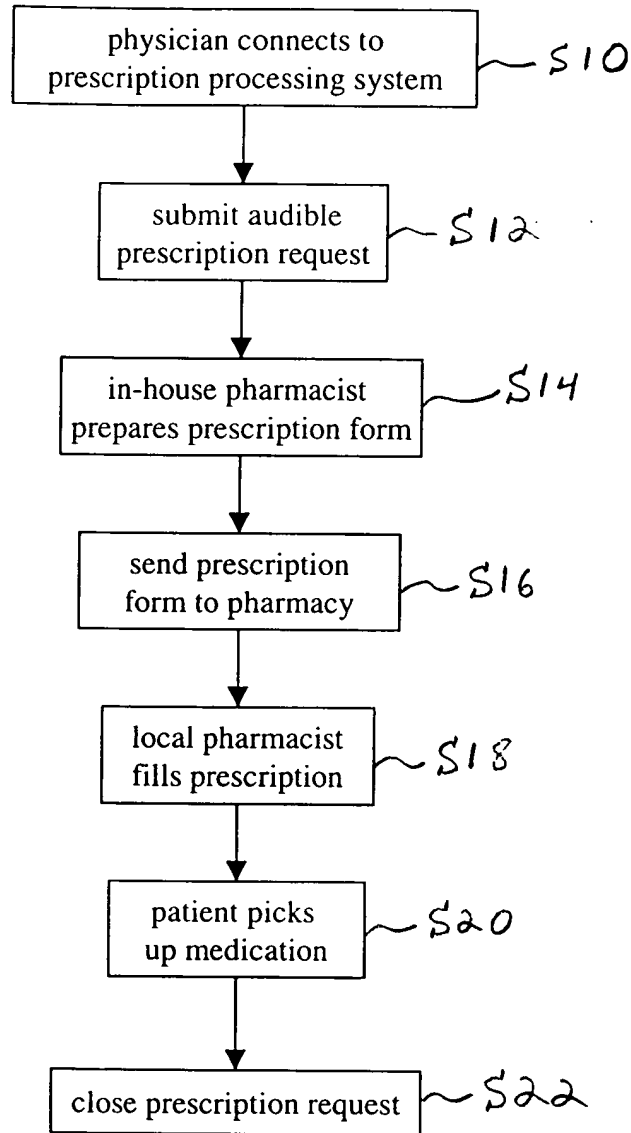


Figure 2

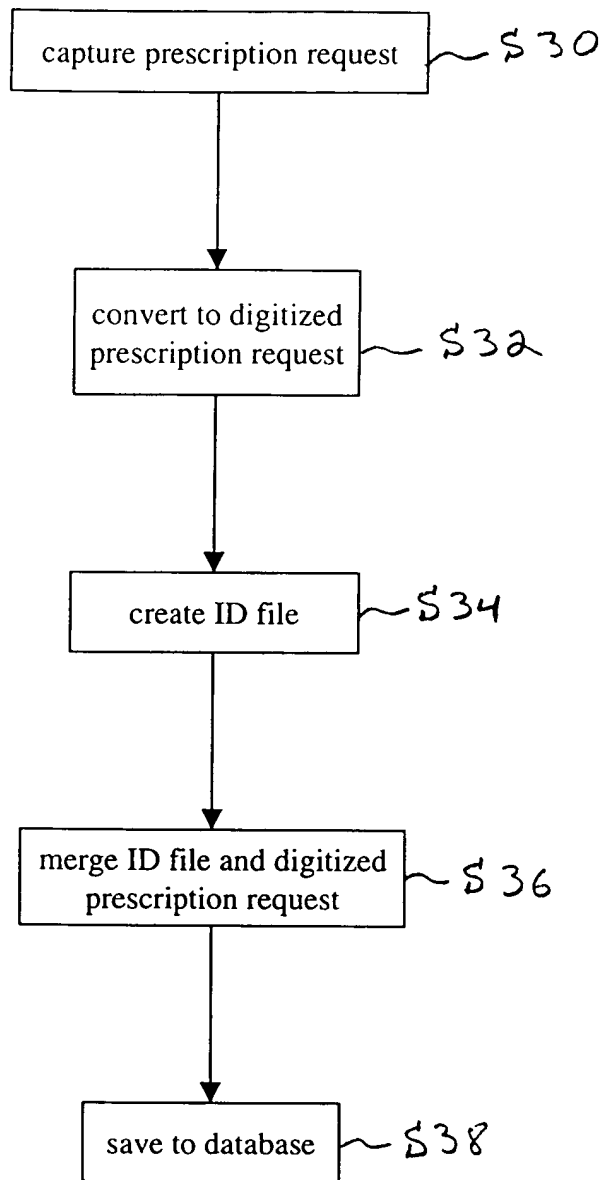


Figure 3

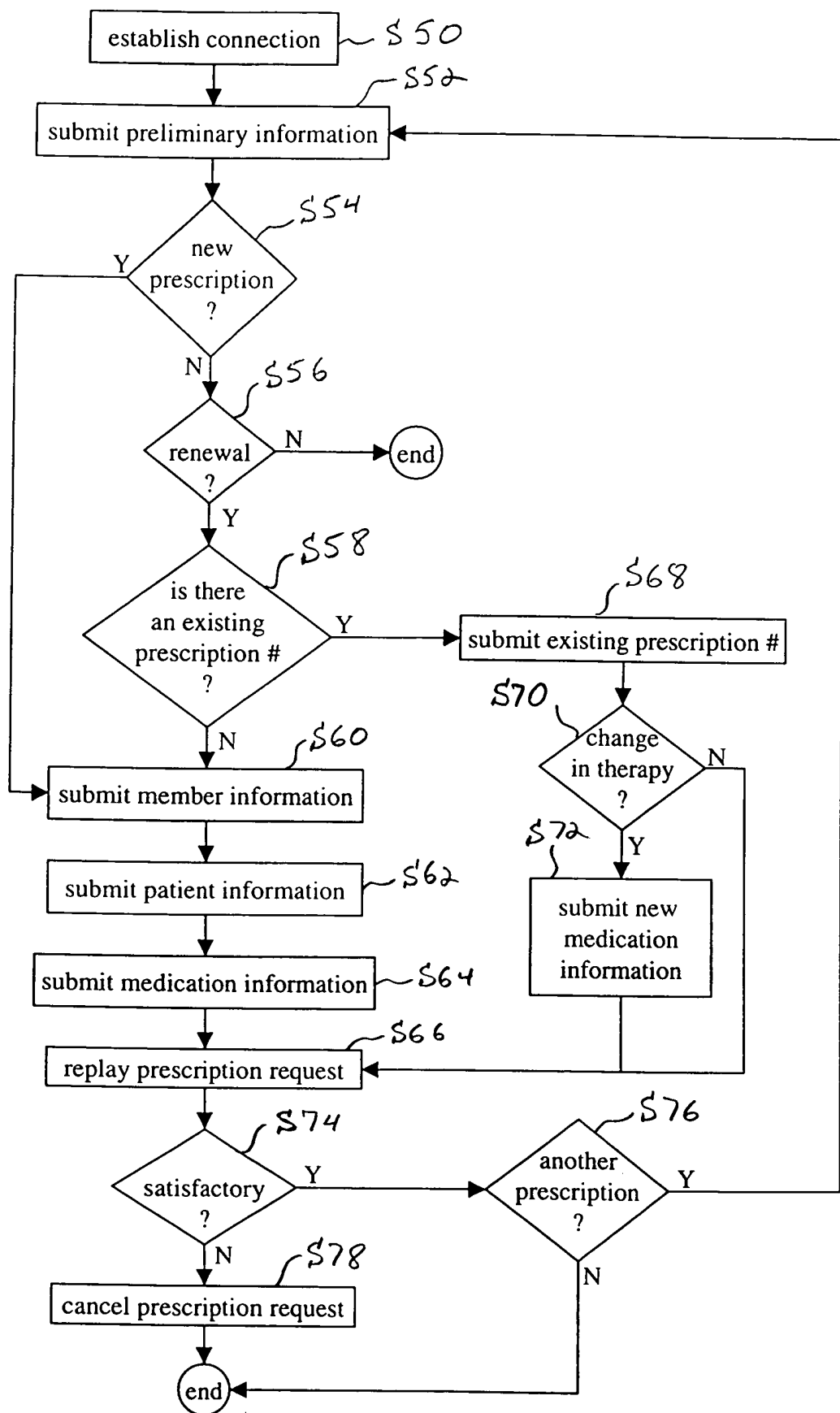


Figure 4

100553163, 012302

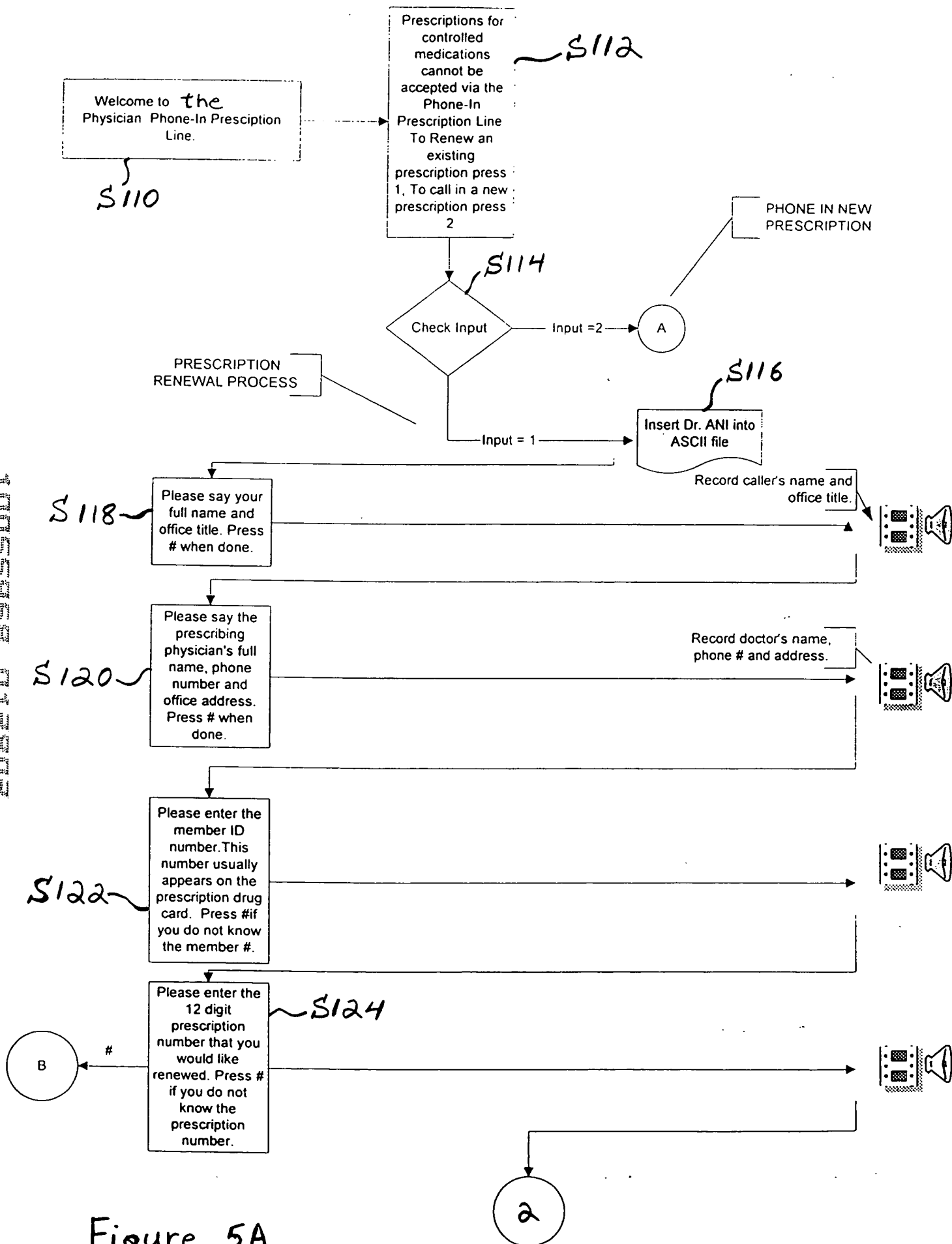


Figure 5A

20050303 012345

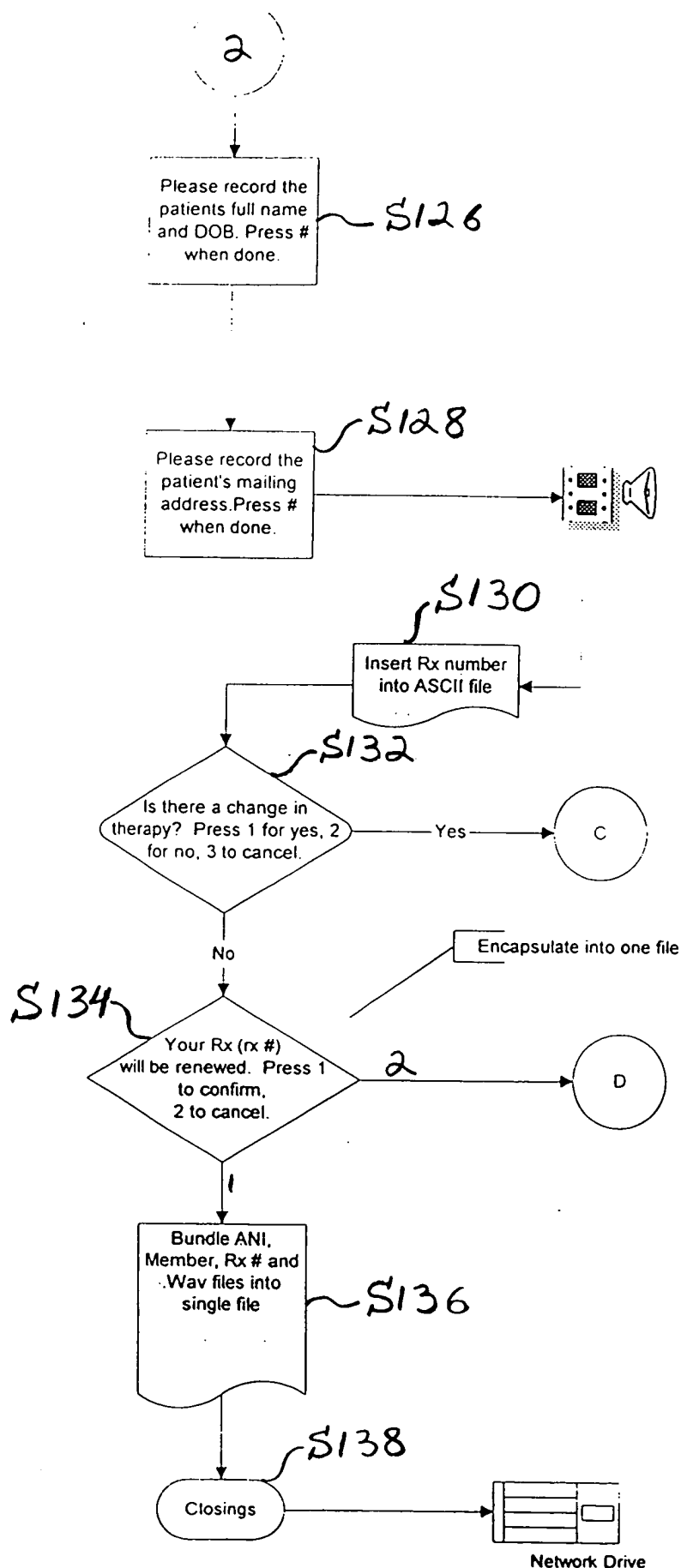


Figure 5B

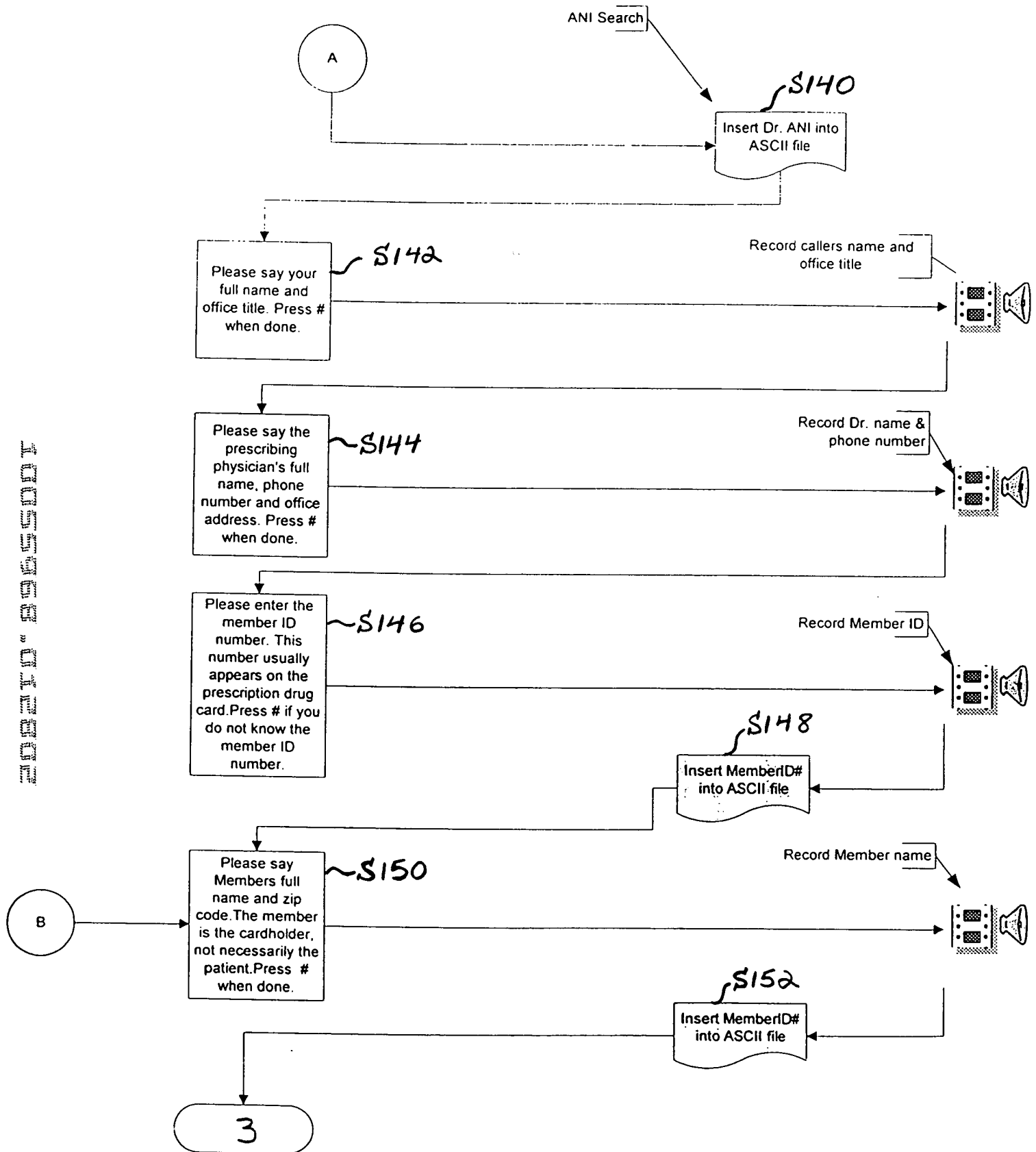


Figure 5C

This group of recordings will be saved as the admin info "member id".wav file. This wav file along with the drug info "member id".wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files.

Message will be based on state restrictions. Some MD's might have a choice of Brand or Generic.

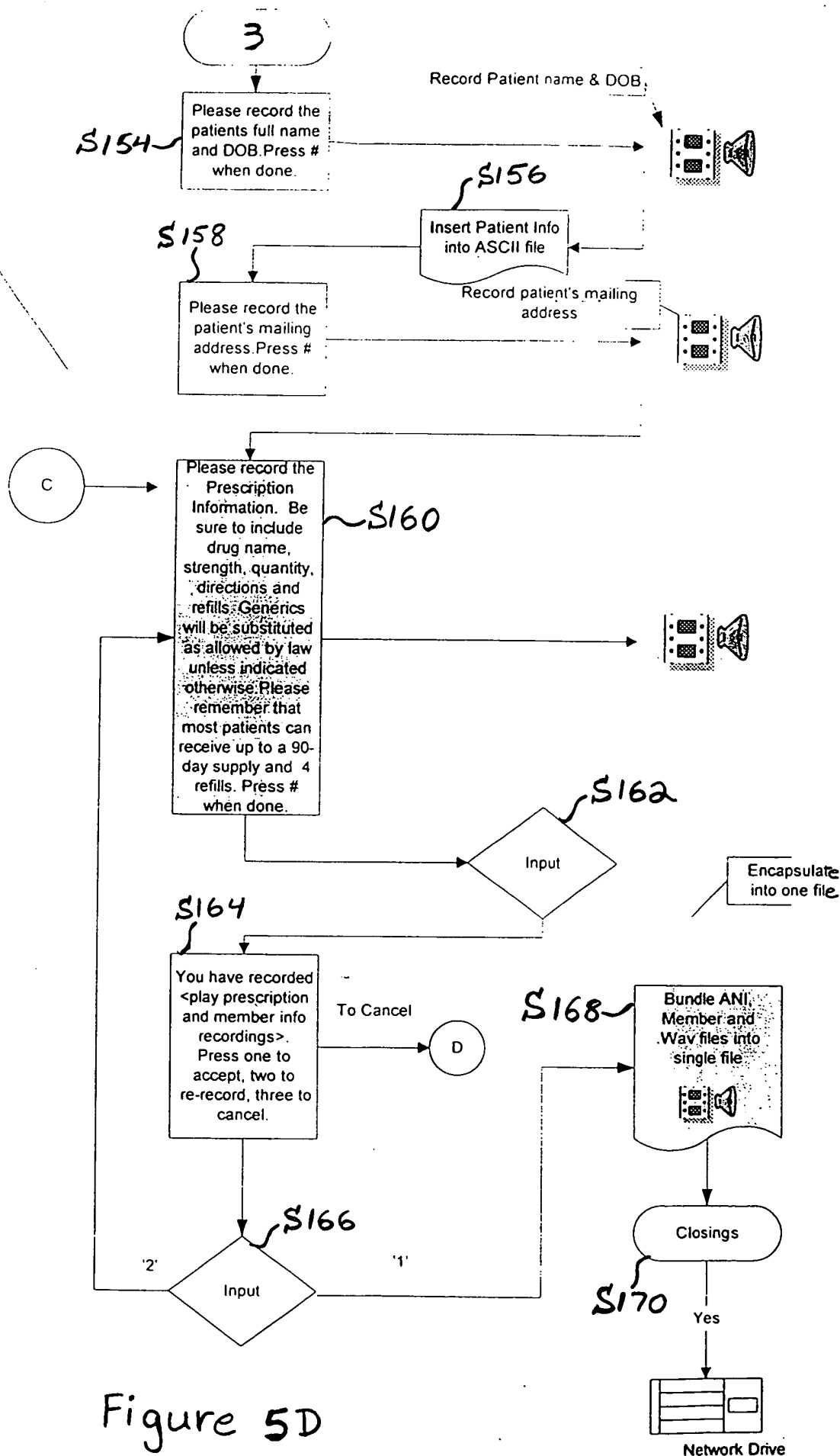


Figure 5D



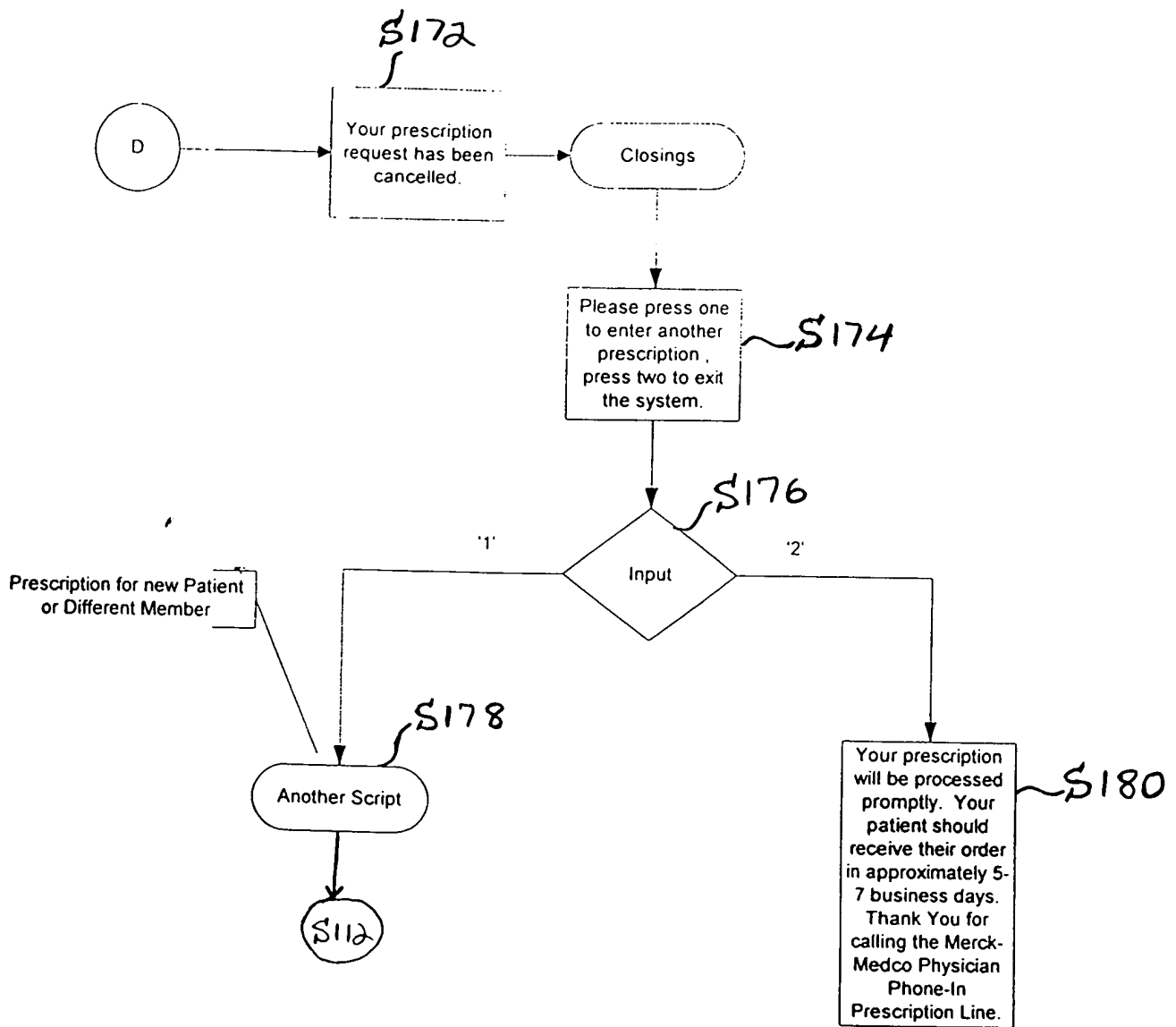


Figure 5E

20050301 01:00:00

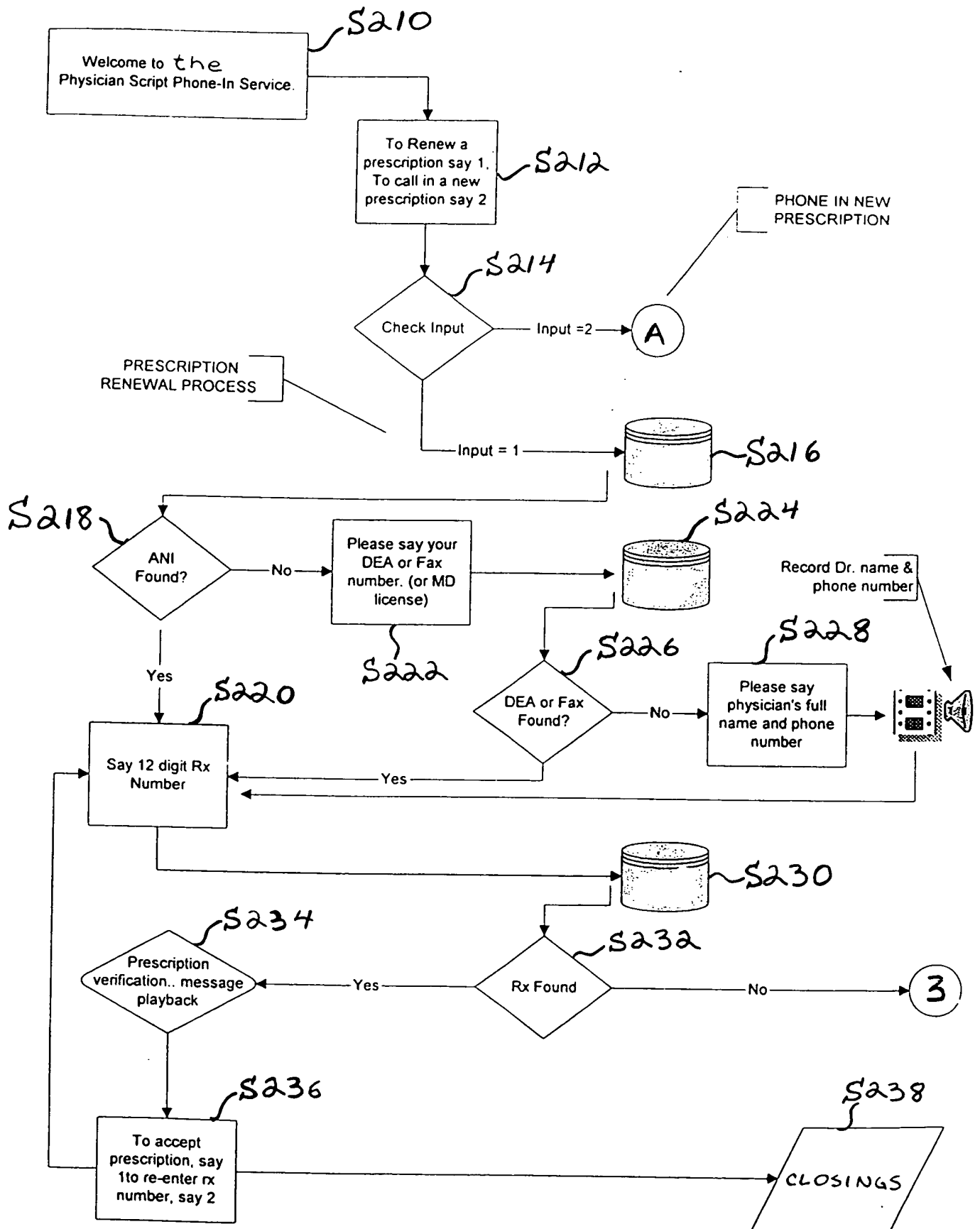


Figure 6A

```

graph TD
    Start(( )) --> ANISearch[ANI Search]
    ANISearch --> S240[(S240)]
    S240 --> S242{ANI Found?}
    S242 -- No --> S246[Please say your DEA or Fax number. (or MD license)]
    S242 -- Yes --> S244[/Insert Dr.info into e-mail/]
    S246 --> S248[(S248)]
    S248 --> S250{DEA/Fax Found?}
    S250 -- No --> S252[Please say physician's full name and phone number]
    S250 -- Yes --> S244
    S252 --> S252a[Record Dr. name & phone number]
    S252a --> S244
    S244 --> S254[Please say the member ID number for the patient.]
    S254 -- No --> B((B))
    S254 -- Yes --> S256[(S256)]
    S256 --> S258{Member Number Found?}
    S258 -- No --> S260[Please say Members full name and zip code]
    S258 -- Yes --> S262[/Insert Member/ patient info into e-mail/]
    S260 --> S260a[Record Member name]
    S260a --> S262
    S262 --> S262a[Imbed into e-mail]
    S262a --> S262
    S262 -- Yes --> End((C))

```

Figure 6B

This group of recordings will be saved as the admin info "member id".wav file. This .wav file along with the drug info "member id".wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files.

Message will be based on MD state restrictions. Some MD's might have a choice of Brand or Generic.

This group of recordings will be saved as the drug info "member id".wav file. This .wav file along with the admin info "member id".wav file will be sent to pre-defined email location(s) for transcription. The subject field will be comprised of a numbering scheme that will uniquely identify the record while associating the two wav files.

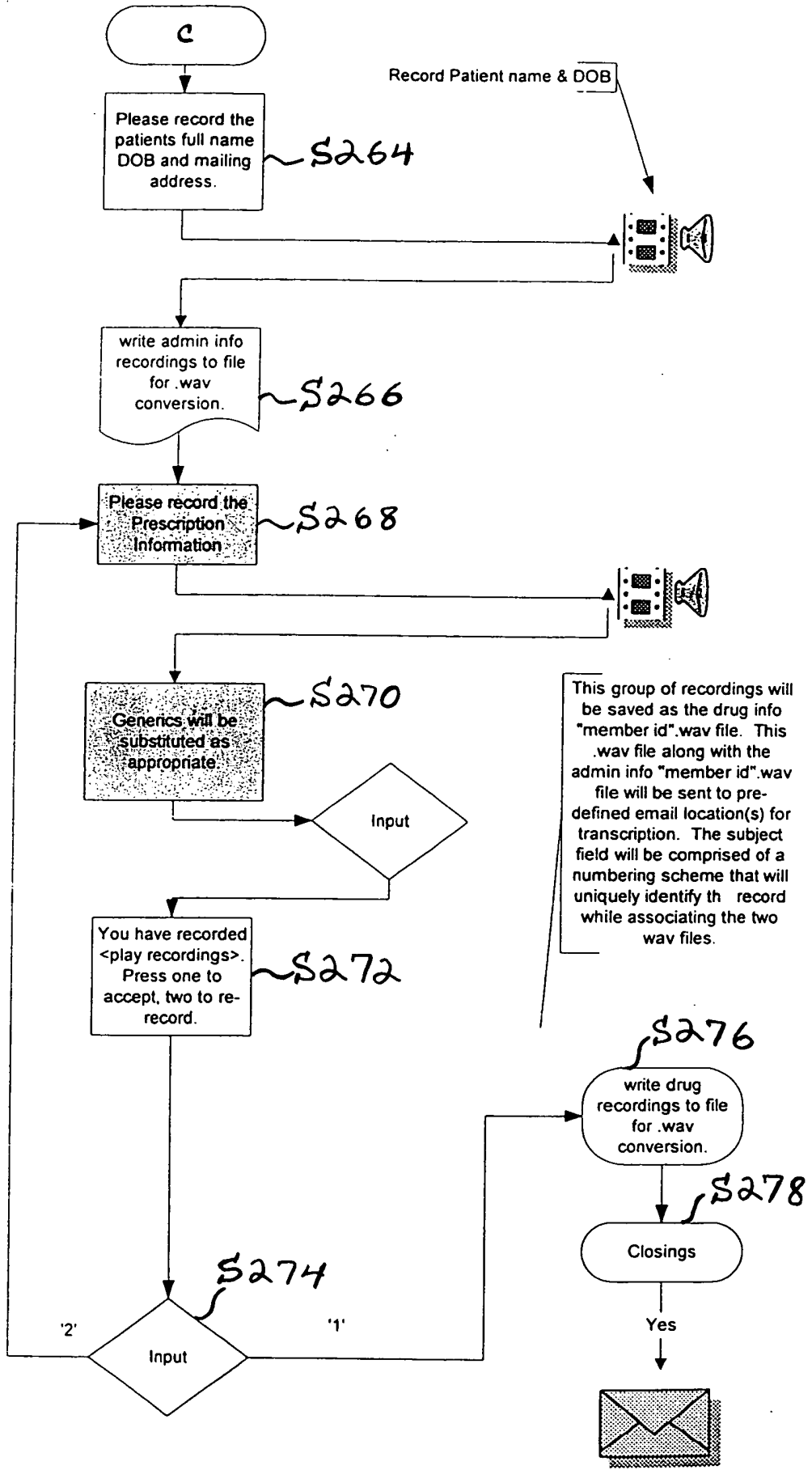


Figure 6c

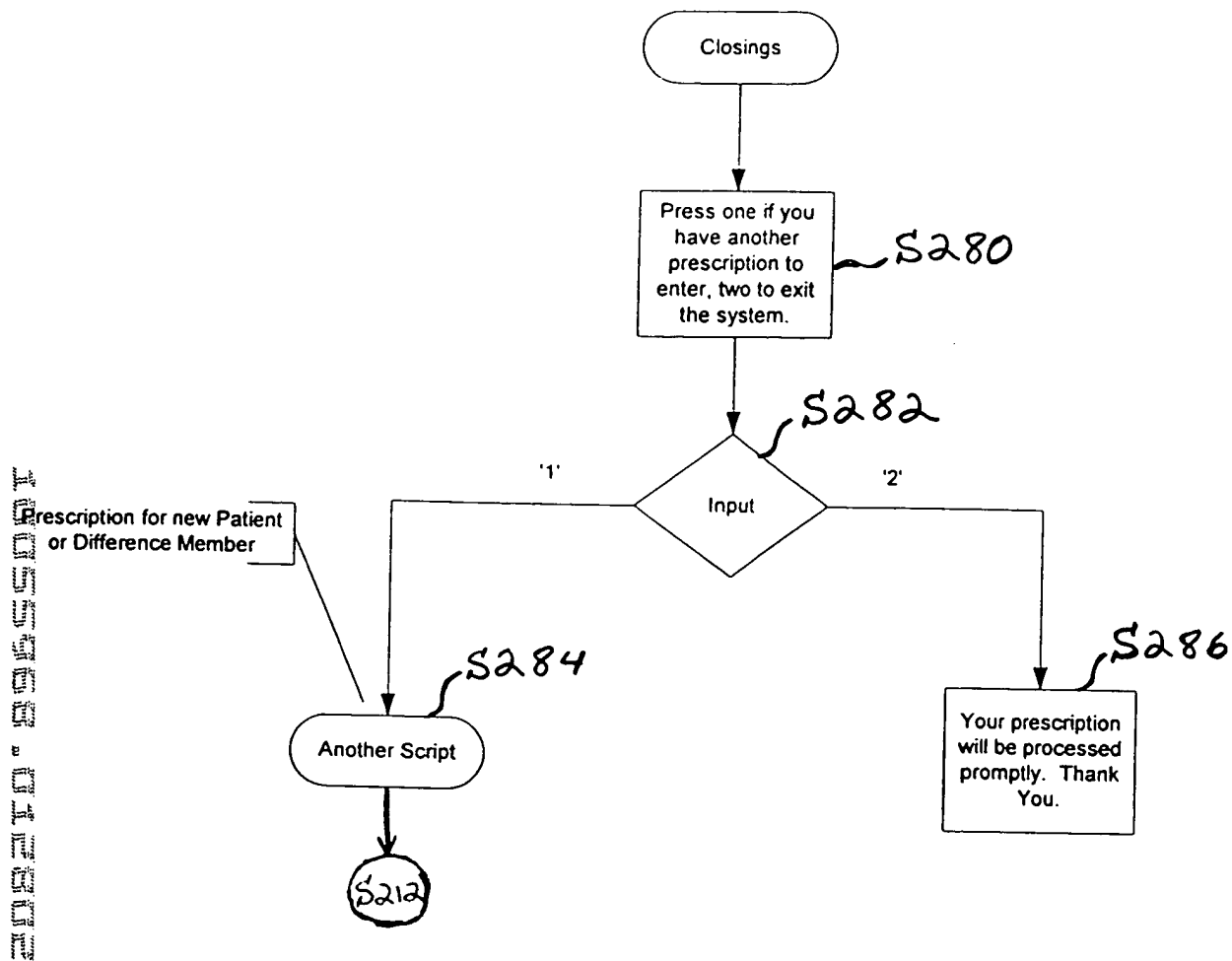


Figure 6D

2003-10-01 09:00:00

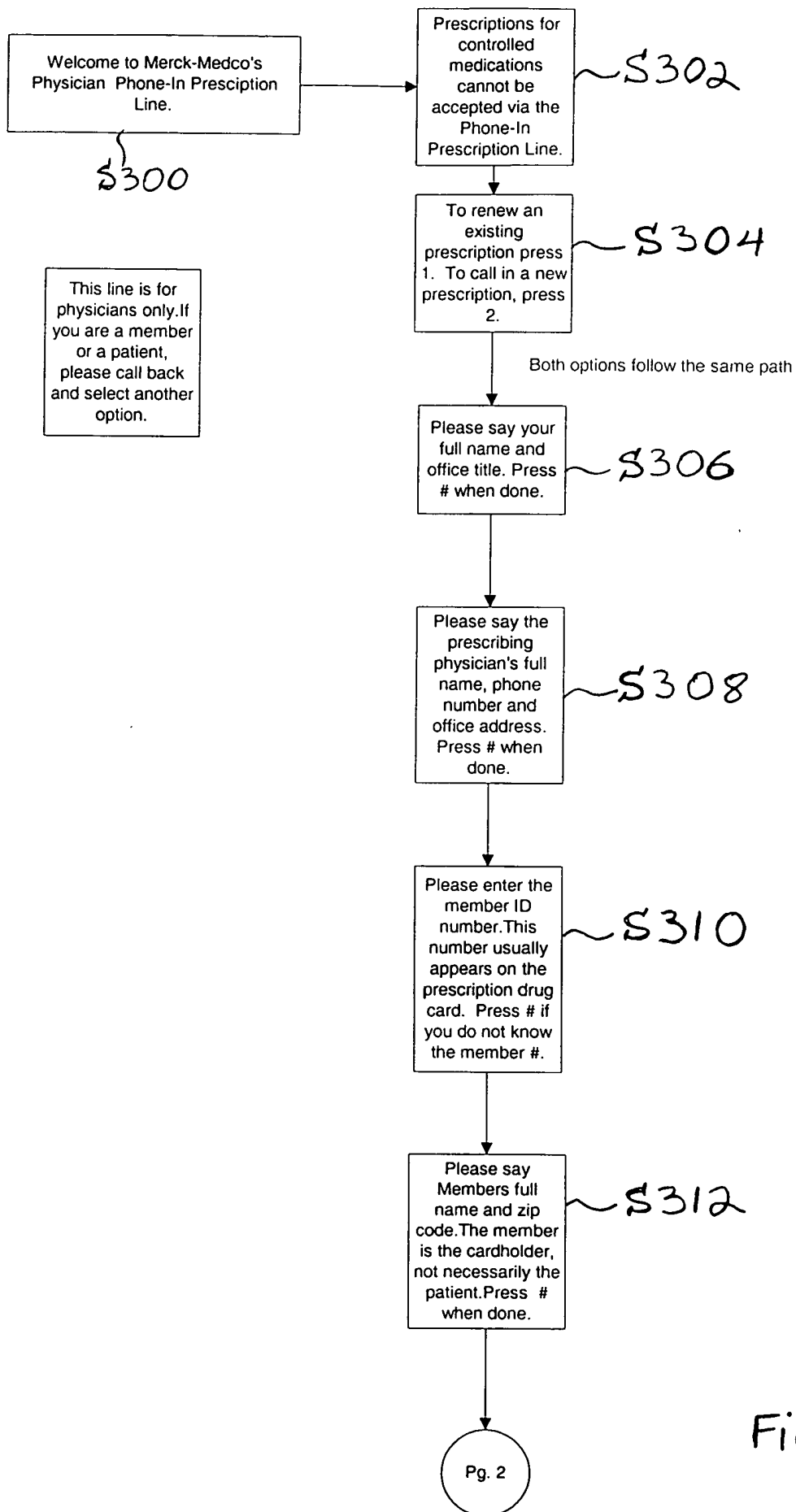


Figure 7A

200310095001

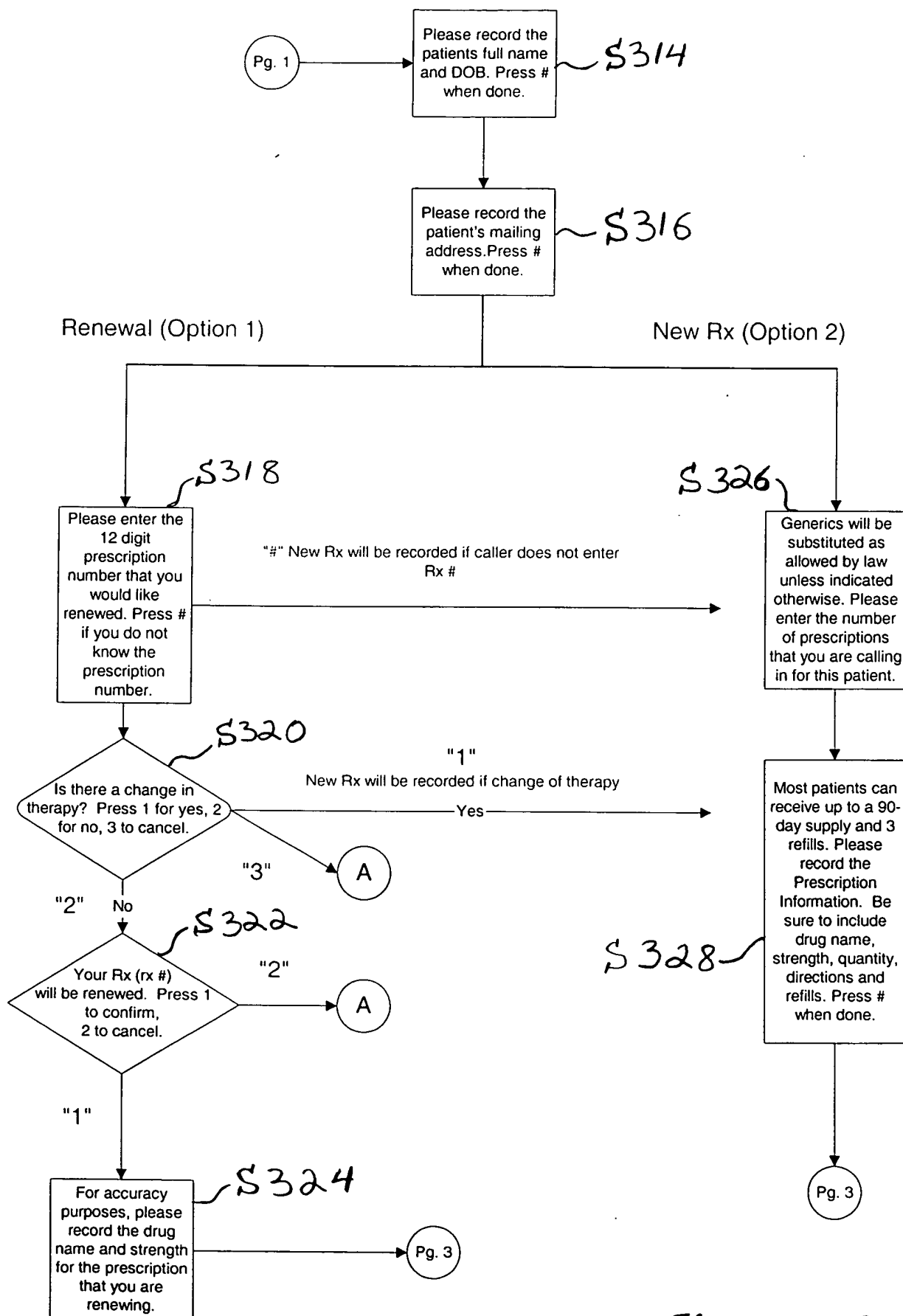


Figure 7B

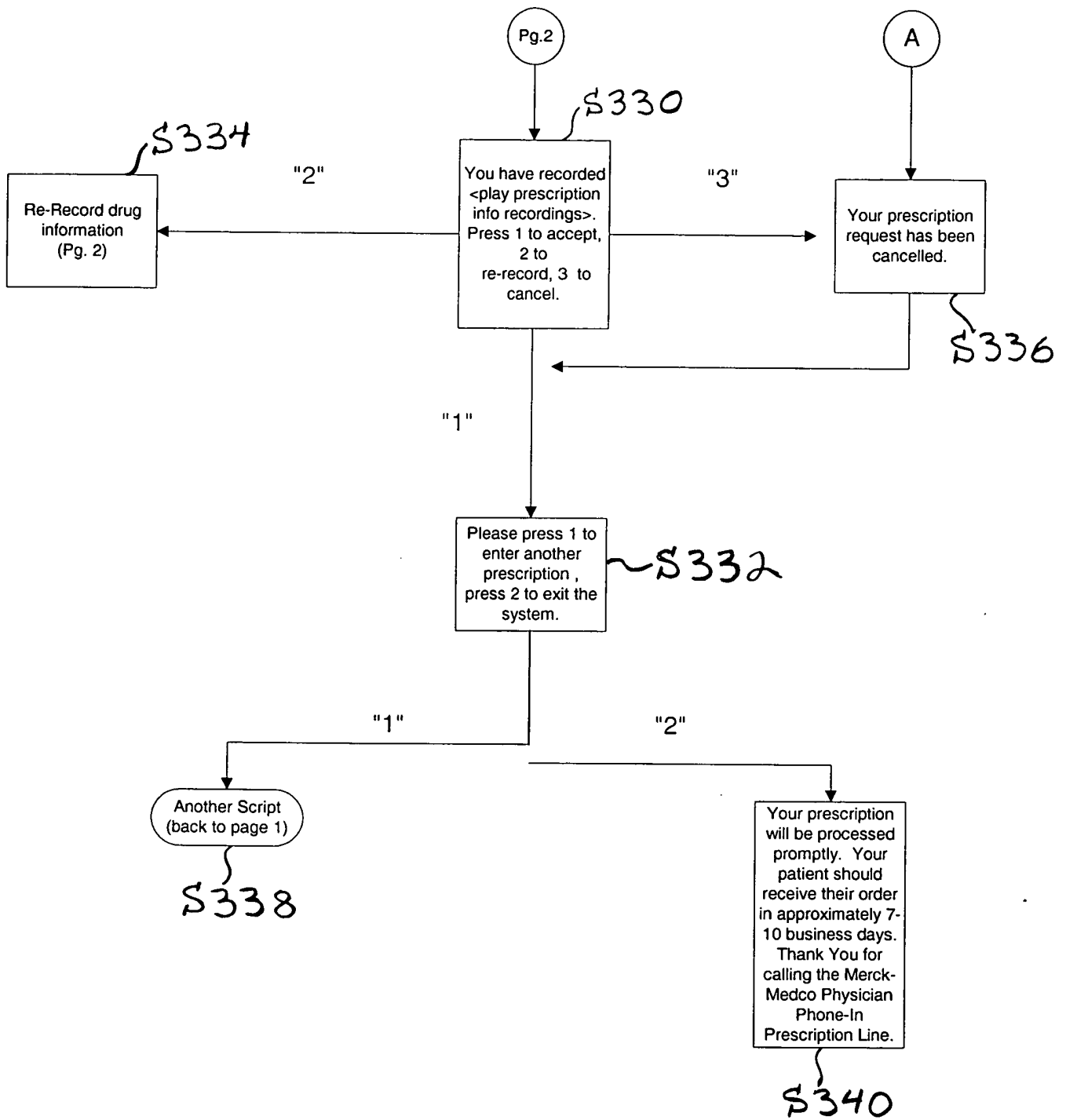
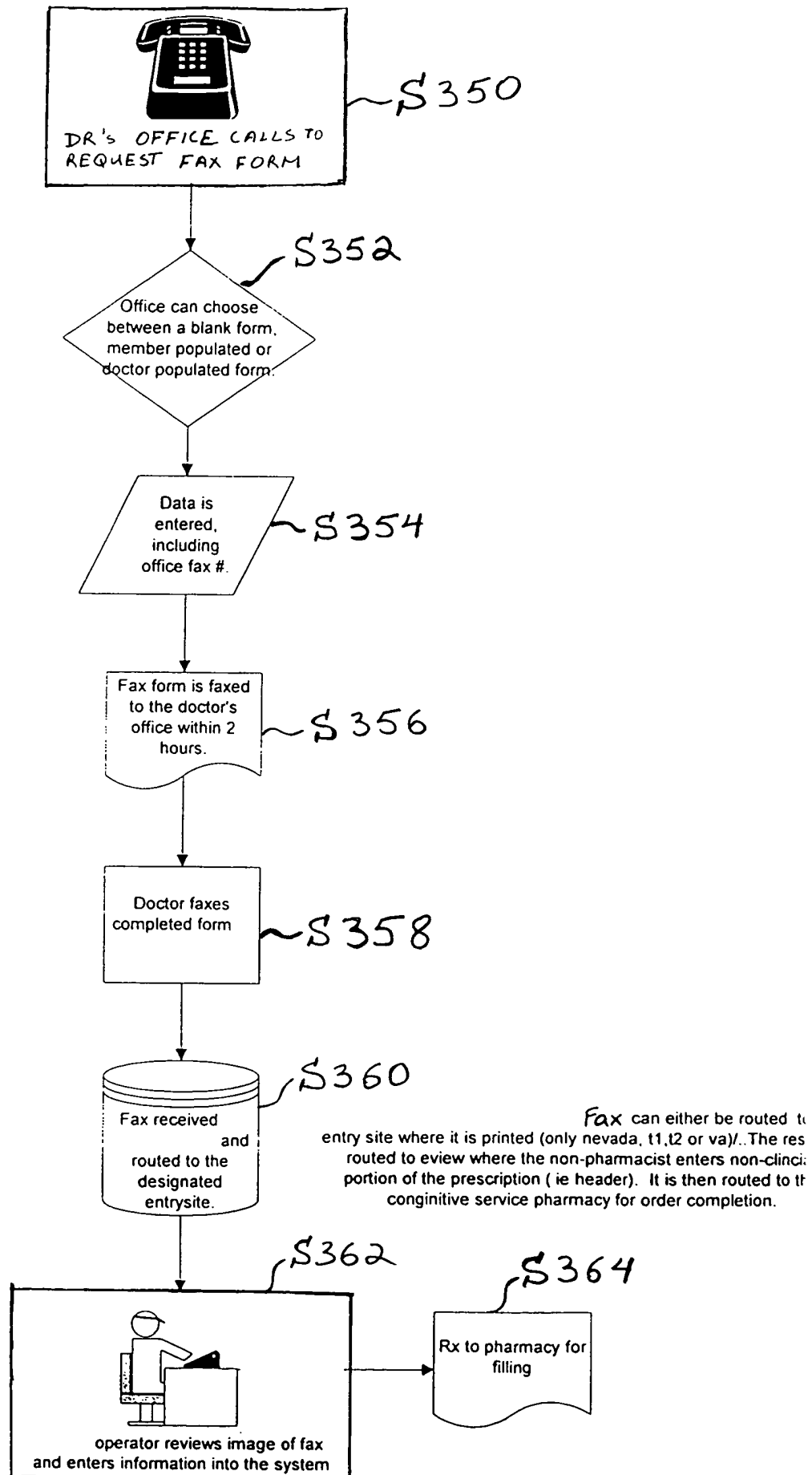


Figure 7C



20230805001

Figure 8



Please fully complete steps 1 to 4 below to help ensure timely processing of your patient's prescription Questions? **Customer Service**

34191



**STEP 1** Fill in both the **Subscriber** and the **Patient** information below.

**Prescription Drug**

**Card Member #:**

(Usually different than the health plan ID #)

**Subscriber Information (card holder):**

Name:(First) \_\_\_\_\_ (Last) \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

Patient Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ DOB: \_\_\_\_\_

**STEP 2:**

Confirm your office's secure fax #.  
Check the box to indicate a change,  
and write in the correct #.

☐ New fax #: \_\_\_\_\_  
\_\_\_\_\_

**STEP 3:**

Complete for new patients or for  
patients with changes in health.

*Please check all that apply:*

**All rgies:**

- |                                  |                                  |                                     |
|----------------------------------|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Nonc    | <input type="checkbox"/> Sulfa   | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Aspirin | <input type="checkbox"/> Codeine | <input type="checkbox"/> Iodine     |

**Medical Conditions:**

- |                                |                                   |                                    |
|--------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Heart | <input type="checkbox"/> Asthma   | <input type="checkbox"/> High B.P. |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Glaucoma |                                    |

Other \_\_\_\_\_

**STEP 4** Please tape the prescription from your prescription pad here  
(Most patients can receive up to a 90-day supply and 4 refills)

**TAPE PRESCRIPTION HERE**

Please confirm you have included:

*On the form:*

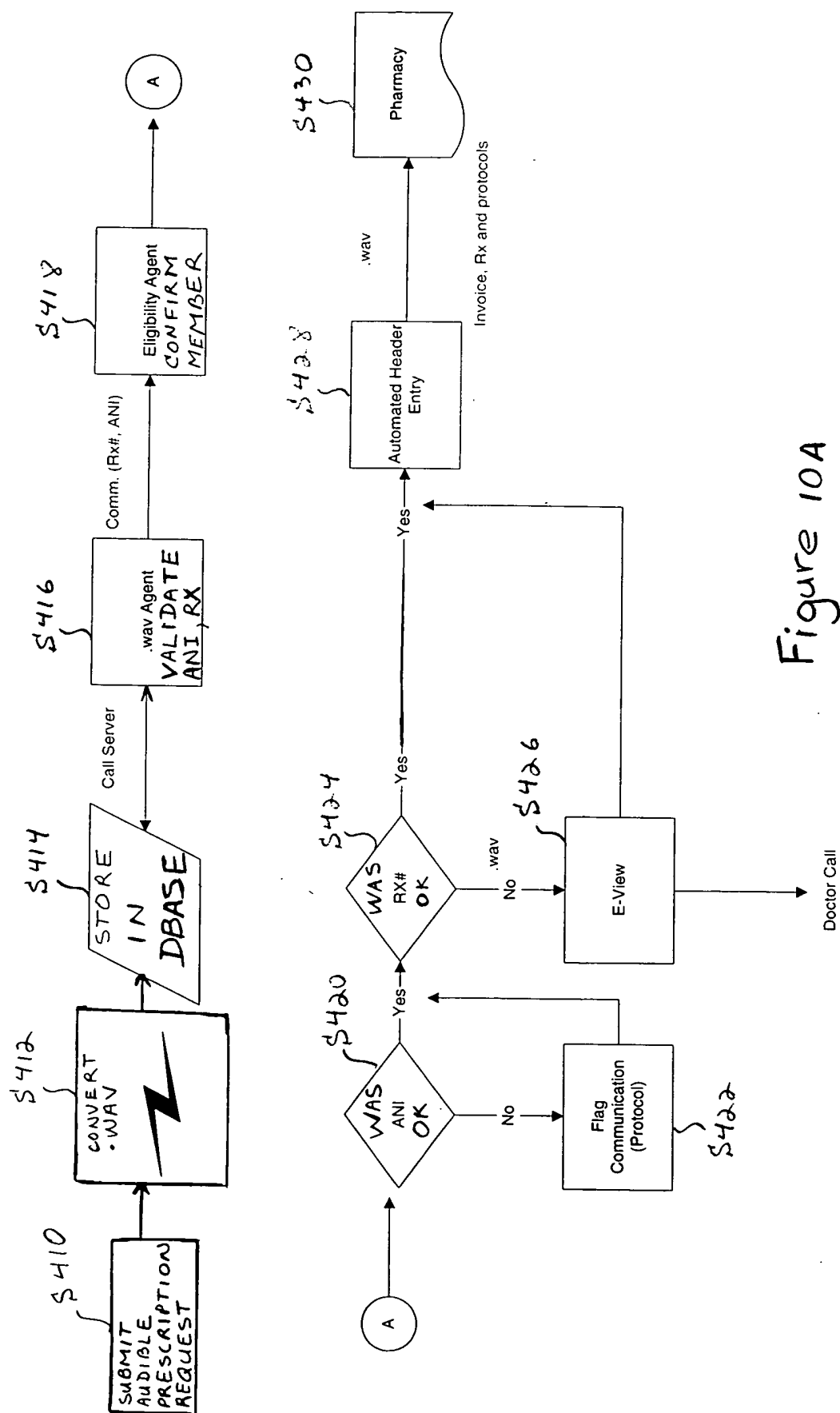
- Subscriber's Drug Card Number

*On the prescription:*

- Patient's Full Name
- Patient's Date of Birth
- Date Prescription Written
- Your Signature

Figure 9

# Autofax Flow Renewal



# Autofax Flow New Rx

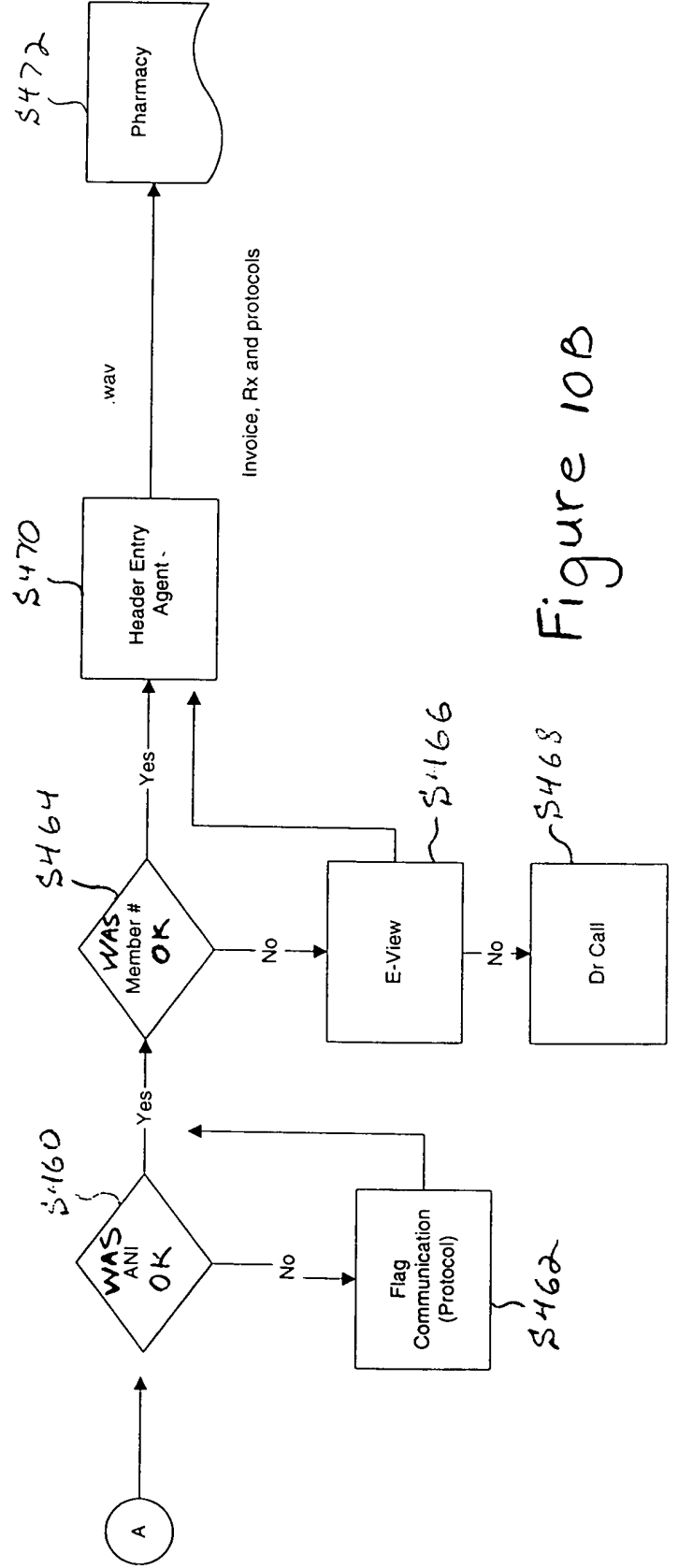
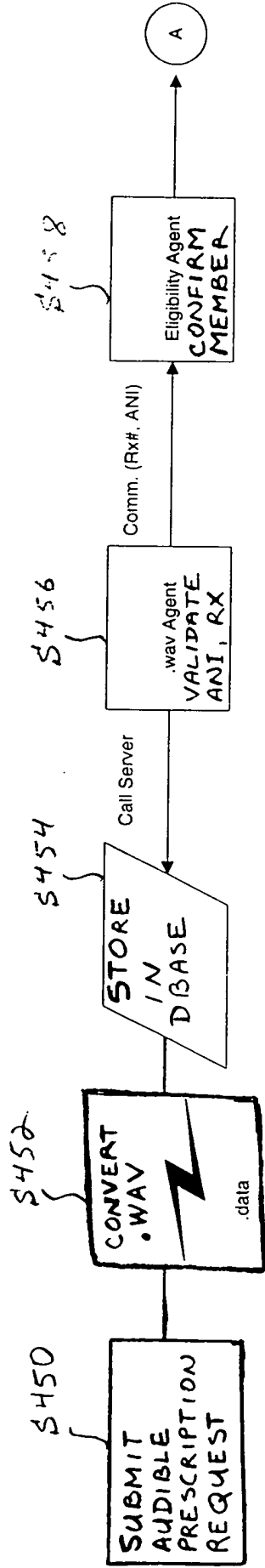


Figure 10B

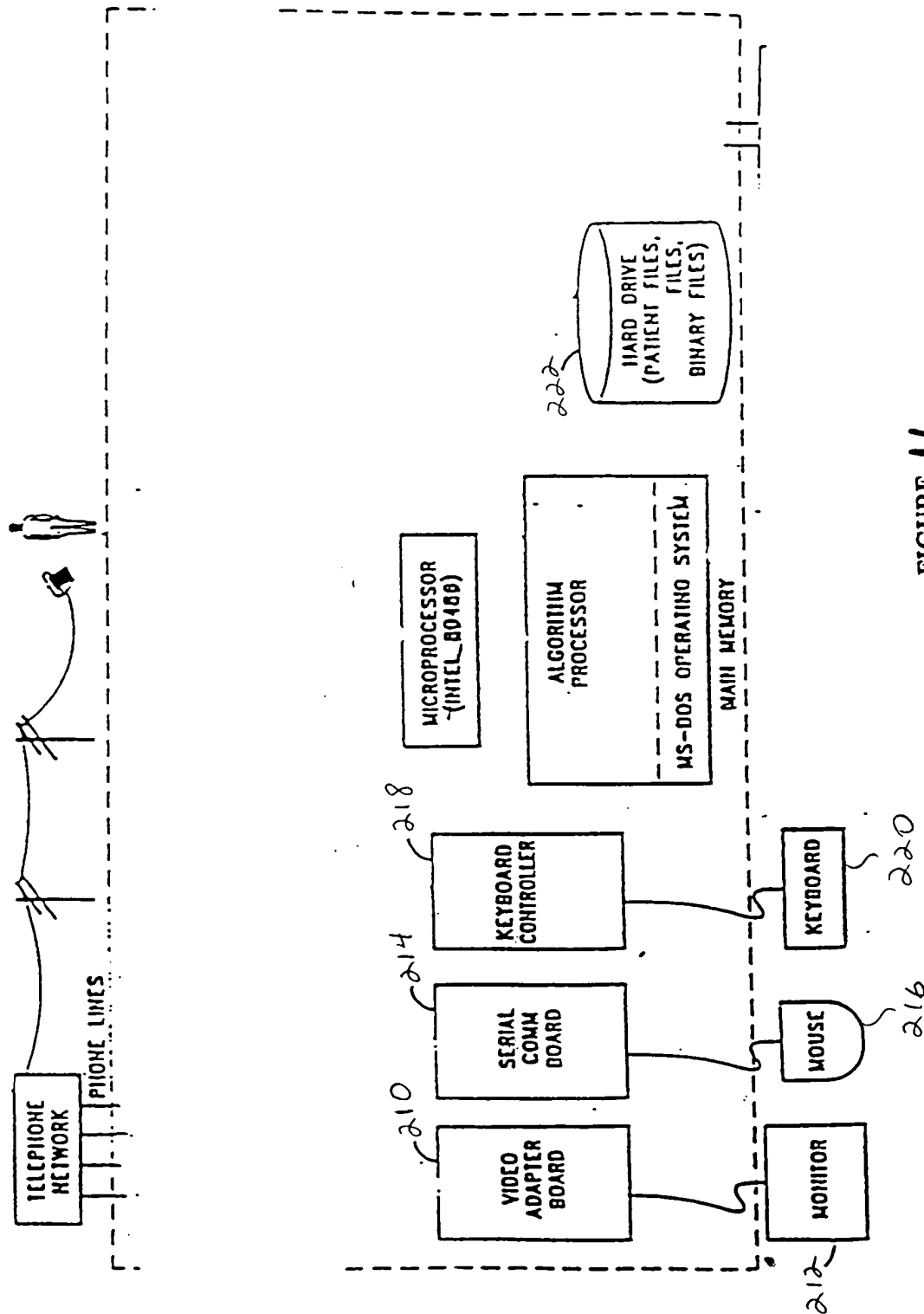


FIGURE 11  
COMPUTER

200210-095500T

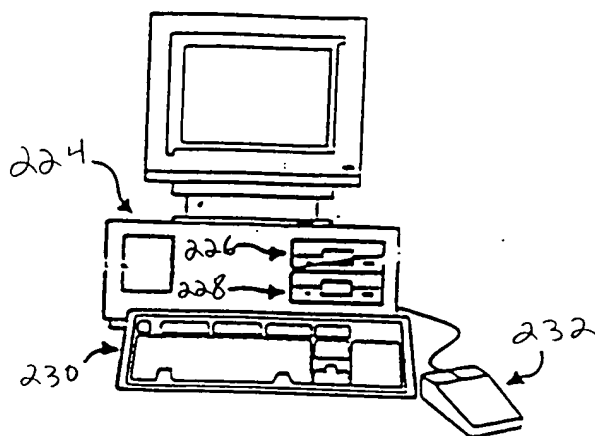
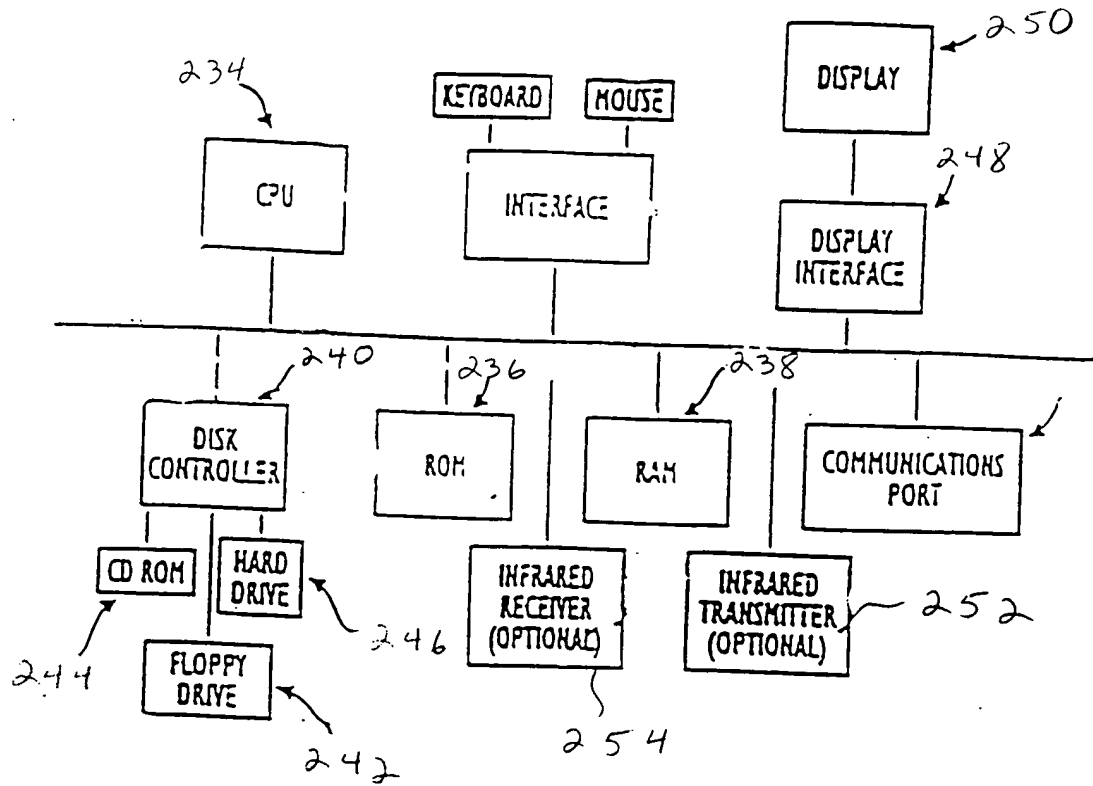
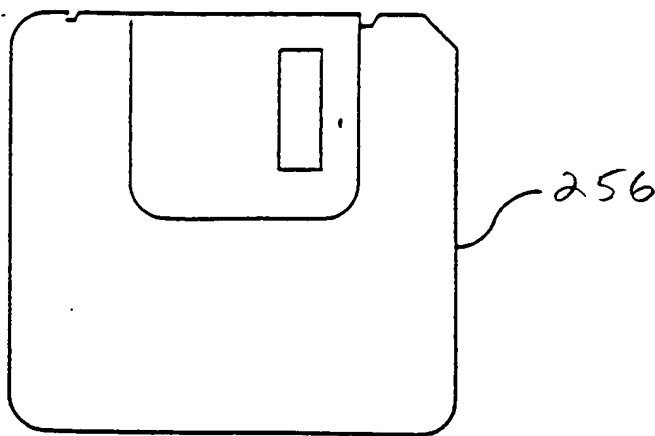


FIGURE 12  
COMPUTER CONCEPTUAL



**FIGURE 13**  
**FLOW OF POTENTIAL**  
**COMPUTER PROCESS**

2025-01-01 10:55:55



**FIGURE 14**  
**CONCEPTUAL VIEW OF**  
**MEMORY STORAGE MEDIUM**